

## SUMMARY FORM

### COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

#### **Section I: Agreement Details**

Public Employer: Township of Hopewell County: Mercer  
Employee Organization: AFSCME Employees in Unit: 24  
Base Year Contract Term: 1/1/2008 12/31/2010 New Contract Term 1/1/2011 12/31/2012  
Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Item 1 .....	\$1,357,916	\$1,308,876
Item 2 .....		
Item 3 .....	\$18,400	\$33,500
Item 4 .....	\$6,042	\$5,834
Item 5 .....		
Item 6 .....		
Item 7 .....		
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet	Additional Items	
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$1,382,358</u> (Total)	<u>\$1,348,210</u> (Total)

#### **Section IV: Analysis of new successor agreement**

#### NEW AGREEMENT ANALYSIS

Total Base Year(previous agreement)	<u>\$1,382,358</u>
Effective Date (m/d/yyyy)	<u>1/1/2011</u>
Percent Increase .....	<u>0.0%</u>
Total cost of increase ..	<u>-\$34,148</u>
Total base salary (successor agreement) .....	<u>\$1,348,210</u>
	<u>\$1,378,387</u>

#### **Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)	<u>1.0</u>
Dollar Impact (average per year over term of agreement)	<u>-\$1,985.00</u>

#### **Section VI**

<u>Health Insurance (Indicate costs associated on each line)</u>			
	<u>Base Year</u>	<u>Year 1</u>	
Cost of Health Plan .....	<u>\$270,911</u>	<u>\$293,698</u>	<u>\$313,554</u>
Employee Contributions .....	<u></u>	<u>\$10,885</u>	<u>\$25,455</u>
Prescription .....	<u>\$82,148</u>	<u>\$100,655</u>	<u>\$104,667</u>
Dental .....	<u>\$16,316</u>	<u>\$16,369</u>	<u>\$18,024</u>
Vision .....	<u></u>	<u></u>	<u></u>

**The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**

#### **Section VII**

Prepared by: Elaine Borges Title: CFO  
Print Name:   
Digitally signed by Elaine Borges  
DN: cn=Elaine Borges, o=Township of Hopewell, ou=Finance, email=eborges@hopewellnj.org, c=US  
Date: 2012-09-17 11:35:05 -04'00  
Signature: